SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Ship (Received)

JUN 28 2013

Bayfield Co. Zoning Dept.

Date: Refund: Permit #: Amount Paid: -1

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS ON (visit our website www.bayfieldcounty.org/zoning/asp)

☐ Shoreland —▶		Section QS	SW 1/4, NE 1/4	PROJECT	Authorized Agent: (Perso	Contractor:	Address of Property:	1000 00	TYPE OF PERMIT REQU	O NOT START CONSTRUCTI
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section QS , Township 45 N, Range QQ W	E_1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))				TYPE OF PERMIT REQUESTED—	7
ke, Pond or Flowage If yescontinue —	er, Stream (incl. Intermittent) If yescontinue	Town of	CSM Vol & Page V. 910 P. 273	PIN: (23 digits) 04-038-2-48-09	Agent Phone:		City/state/Zip:	2640 Outurione	Mailing Address:	
Distance Structure is from Shoreline:	Distance Structure is from Shoreline :	Oulu	Lot(s) No. Block(s) No.	PIN: (23 digits) 04-03-8-2-48-09-06-1 03-000-20000	Agent Mailing Address (include City/State/Zip):	Plumber:	54%20	2640 Oulu Roneer Rd Brove, WI 54820	- 등기	T CONDITIONAL LISE T SOF
oreline :	 #	FOLDER	Subdivision: €703'04 Su NE TO NAIO D.2 TM 2005R-496815	Recorded Docum	/State/Zip):			54820		Special lise II B O A
 Yes XNo	in one?	5.020	Subdivision: \$703' 0 f 5322.2' IN Su NE IO 4:410 0:273 1234 IM 2005R-440815	Document: (i.e. Property Ownership) Page(s) 273	Written Authorization Attached Pes No	Plumber Phone:	1-215-341-6236) = !	- Fe	O A □ OTHER
X No	Are Wetlands Present?		238	Ownership)	orization		6236			7

Proposed Construction:	Existing Structur	the state of the s				20,000	3	}		material	Value at Time of Completion * include donated time &
ruction:	Existing Structure: (If permit being applied for is relevant to it)			Property	☐ Run a Business on '	☐ Relocate (existing bldg)	☐ Conversion ,	X Addition/Alteration 🗀 1-Story + Loft	□ New Construction		Project (What are you applying for)
	or is relevant to it)			☐ Foundation	☐ No Basement	≯ Basement		☐ 1-Story + Loft	☐ 1-Story		# of Stories and/or basement
Length: 24 Spek	Length: 30 feet					11111111111111111111111111111111111111		X Year Round	☐ Seasonal		Use
lex	4				□ None	March Control of the	水中	(2)	1		# of bedrooms
Width: 24feet	Width: 20 feet	Approximately and the second s	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: 17 144 1114	☐ (New) Sanitary Specify Type:	Municipal/City		What Type of Sewer/Sanitary System Is on the property?
Height: 26 Feet	Height: 15 feet				act)	ed (min 200 gallon)	Type:: Null 11 1	Type:			of System erty?
eet	e t			· .			7	Xwell	City		Water

Non-Shoreland

	- 1000 W 1000 W			Square
Proposed Use	١,	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×	a profit in the state of the st
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with Loft	×	
Residential Use		with a Porch	×	1000
*		with (2 nd) Porch	(×	
		with a Deck	×	
		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	×	
	×	Addition/Alteration (specify) Beservent and 2 story Addition to house	(24 × 24)	576
Municipal Use		Accessory Building (specify)	(×	
		Accessory Building Addition/Alteration (specify)	(x	12-15 g .
		Special Use: (explain)	×	
Doo'd for legisance		Conditional Use: (explain)	×	****
URC 0 101 1990 Miles		Other: (explain)	×	
(we) declare that this application are responsible for the declare that the supposition of the declared that the supposition of the	on (includ ail and ac	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (www.) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct a my (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a my fair and the providing in or with this application. (we) consent to county officials charged with administer	ES rect and complete. (we) acknowledge that I (we) such a complete. (we) further accept liability which size in grounty ordinances to have access to the	owledge that I (we) ccept liability which have access to the
A PROPERTY OF THE PROPERTY OF	yreasonal and a second	table time for the propose of inspection.	\ \ \	8//>
		1 1 the second of the second o	Date 6/	10 / / L

Authorized Agent: Address to send permit (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 2640 Owly Pioneer Rd. Brule WI 54820

Moving

Copy of Tax Statement Copy of Tax Statement of You recently purchased the property send your Recorded Deed

Date

Date

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Please

complete (1) -- (7) above (prior to continuing)

Description	Measurement	nt	Description	Measurement
Sethack from the Centerline of Platted Road	2012	Feet	Setback from the Lake (ordinary high-water mark)	で ト Feet
Sethack from the Established Right-of-Way	(02	Feet	Setback from the River, Stream, Creek	NA Feet
Constant Control of the second	(Setback from the Bank or Bluff	りみ Feet
Sethack from the North Lot Line	101 101	Feet		
Setback from the South Lot Line	(62	Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	801	Feet	Setback from 20% Slope Area	VP Feet
Setback from the East Lot Line	367,5 Feet	Feet	Elevation of Floodplain	Oア Feet
Setback to Septic Tank or Holding Tank	র্	Feet	Setback to Well	36 Feet
Setback to Drain Field	6H	Feet		
Setback to Privy (Portable, Composting)	ح آ	Feet	Setback to Privy (Portable, Composting) NA Feet	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. 9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number		# of bedrooms:	Sanitary Date:		
Permit Denied (Date): Reason for Denial:					
Permit #: 13-0178 Permit Date: 7	7-11-13				
Lot	XNo Mitigation Required ☐ Yes XNo Mitigation Attached ☐ Yes	X X No	Affidavit Required Affidavit Attached	□ Yes	No o
Granted by Variance (B.O.A.) Yes 7 No Case #:	Previously Granted by Variance (B.O.A. □ Yes > No	by Variance (B.O.A.) Case #:			
Was Parcel Legally Created Styes □ No Was Proposed Building Site Delineated Styes □ No	Were Property L	Were Property Lines Represented by Owner Was Property Surveyed	Yyes _U, Ku	Kepam	□ No
Meets all at bades.			Zoning District Lakes Classification		
	Inspected by: M. Futak		Date of Re-Inspection:	tion:	
Condition(s): Town, Committee or Board Conditions Attached? IT Yes INO-(If No they need to be attached.) Holding tank must be pumper and reported as regularly	10—(If <u>No</u> they need to be at comments of the standard section of the standar	ad Algunie			
Signature of Inspector: Michael Rutah			Date <u>of Approprial</u>	^{/2} /3	
	Hold For Affidavit:	Hold For Fees:			